



A PHI Company

**PART 2****DELAWARE INTERCONNECTION APPLICATION & AGREEMENT**

With Terms and Conditions for Interconnection  
 (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)  
 (Final Agreement – must be completed after installation and prior to interconnection)

**Certificate of Completion<sup>11</sup>****INTERCONNECTION CUSTOMER CONTACT INFORMATION**

Customer Name: GEORGE J MASTER  
 Mailing Address: 237 LANDAU WAY  
 City: BEAR State: DE Zip Code: 19701  
 Telephone (Daytime): 302-252-1431 (Evening): \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-Mail Address: GMAS1956@VERIZON.NET

**FACILITY INFORMATION**

Facility Address: 237 LANDAU WAY  
 City: BEAR State: DE Zip Code: 19701  
 DPL Account #: 5500 3794 512 Meter #: \_\_\_\_\_  
 Energy Source: Solar PV Prime Mover: Photovoltaics  
 Inverter Type: Forced Commutated ☐ Line Commutated ☒  
 Number of Inverters: 1  
 Inverter Manufacturer: SMA Model Number(s) of Inverter: SB 5.0-1SP-US-40

**Rating**

DC Generator Total<sup>12</sup> Nameplate Rating: 5.32 (kW),  
 AC Inverter Total<sup>13</sup> Rating 5 (kW),  
 AC System Design Total Capacity<sup>14</sup>: 5 (kW) \_\_\_\_\_ (kVA)

Generator (or PV Panel) Manufacturer, Model #<sup>15</sup>: CANADIAN SOLAR CSK-280M

<sup>11</sup> Information entered here on Certificate of Completion (Part 2) must match part 1

<sup>12</sup> Sum of all generators or PV Panels

<sup>13</sup> Sum of all inverters

<sup>14</sup> This will be your system design capacity based upon your unique system variables.

<sup>15</sup> If more than one type, please list all manufactures and model numbers.

**EQUIPMENT INSTALLATION CONTRACTOR**Owner (Customer) Installed: ☐ Yes ☒ NoContractor Name: SOLARGAINES, LLCMailing Address: 10616 BEAVER DAM RD.City: COCKEYSVILLEState: MDZip Code: 21030Telephone (Daytime): 410-785-1760

(Evening): \_\_\_\_\_

Fax Number: 410-785-1763E-Mail Address: MPFARR@SOLARGAINES.COM**FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE**

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed: DocuSigned by: George Master Date 10/31/2016  
(Signature of interconnection customer)

Printed Name: George MasterCheck if copy of signed electric inspection form is attached ☒**ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)**

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? (Initial) Yes (LH) No (\_\_\_\_)  
 If not waived, date of successful Witness Test: \_\_\_\_\_ Passed: (Initial) (\_\_\_\_)

EDC Signature: lakeisha.harris2@exeloncorp.com Digitally signed by lakeisha.harris2@exeloncorp.com  
 DN: cn=lakeisha.harris2@exeloncorp.com  
 Date: 2017.02.16 16:02:26 -05'00' Date: 02/16/2017

Printed Name: Lakeisha Harris Title: Acct Rep